

## Supplemental Application Data Sheet

### **Application Information**

Application Number::	10/568728
Filing Date::	02/17/2006
Application Type::	Regular
Subject Matter::	Utility
Title::	PLASTIC BRACHYTHERAPY SOURCES
Attorney Docket Number::	IBT1.073-US
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	6
Total Drawing Sheets::	5
Small Entity?::	Yes
Petition Included?::	No
Secrecy Order in Parent Appl?::	No

### **Applicant Information**

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	John
Middle Name::	L.
Family Name::	Russell
Name Suffix::	Jr.
City of Residence::	Canton
State or Province of Residence::	GA
Street of mailing address::	6000 Live Oak Parkway
City of mailing address::	Norcross
State or Province of mailing address::	GA
Postal or Zip Code of mailing address::	30093
Applicant Authority type::	Inventor
Primary Citizenship Country::	US

Status::	Full Capacity
Given Name::	John
Middle Name::	L.
Family Name::	Carden
Suffix::	Jr.
City of Residence::	Brussels
Country of Residence::	Belgium
Street of mailing address::	Zone Industrielle C
City of mailing address::	Seneffe
Country of mailing address::	Belgium
Postal or Zip Code of mailing address::	7180
Applicant Authority type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Roy
Family Name::	Coniglione
City of Residence::	Alpharetta
State or Province of Residence::	GA
Street of mailing address::	5435 <u>Heathridge Terrace</u>
City of mailing address::	Duluth
State of Province of mailing Address::	GA
Postal or Zip Code of mailing address::	30097
<u>Applicant Authority type::</u>	<u>Inventor</u>
<u>Primary Citizenship Country::</u>	<u>Belgium</u>
<u>Status::</u>	<u>Full Capacity</u>
<u>Given Name::</u>	<u>Dominique</u>
<u>Family Name::</u>	<u>Moyaux</u>
<u>City of Residence::</u>	<u>Brussels</u>
<u>Country of Residence::</u>	<u>Belgium</u>
<u>Street of mailing address::</u>	<u>Zone Industrielle C</u>
<u>City of mailing address::</u>	<u>Seneffe</u>
<u>Country of mailing address::</u>	<u>Belgium</u>
<u>Postal or Zip Code of mailing address::</u>	<u>7180</u>

**Correspondence Information**

Correspondence Customer Number:: 003775

**Representative Information**

Representative Customer Number:: 003775

**Domestic Priority Information**

<b>Application::</b>	<b>Continuity Type::</b>	<b>Parent Application::</b>	<b>Parent Filing Date::</b>
This application	An application claiming the benefit under 35 USC 119(e)	60/496,474	08/20/03
This application	National Stage of	PCT/US04/027116	08/20/04

**Foreign Priority Information****Assignment Information**

Assignee name:: International Brachytherapy, s.a.  
City of mailing address:: 7180 Seneffe  
Country of mailing address:: Belgium